

STAFF REPORT

DATE: February 22, 2016

RE: **715 Seminole Avenue (permit application # T16-7827)**

FROM: Karen DeMaria, City of Key West Urban Forestry Manager

An application was received requesting the removal of **(1) Strangler Fig** and **(2) Yellow Poinciana trees**. A site inspection was done on February 17, 2016 and documented the following:

Yellow Poinciana #1



Strangler Fig

Yellow Poinciana #2

Tree Species: Strangler Fig (*Ficus aurea*)









Diameter: **17.5"**

Location: 20% (tree has attached itself to the house)

Species: 100% (on protected tree list)

Condition: 50% (fair to poor)

Total Average Value = 56%

Value x Diameter = 9.8 replacement caliper inches

Tree Species: Yellow Poinciana (*Peltophorum pterocarpum*)







Diameter: 7"

Location: 20% (tree growing on house foundation and roof)

Species: 50% (not on protected or not protected tree list)

Condition: 50% (fair to poor)

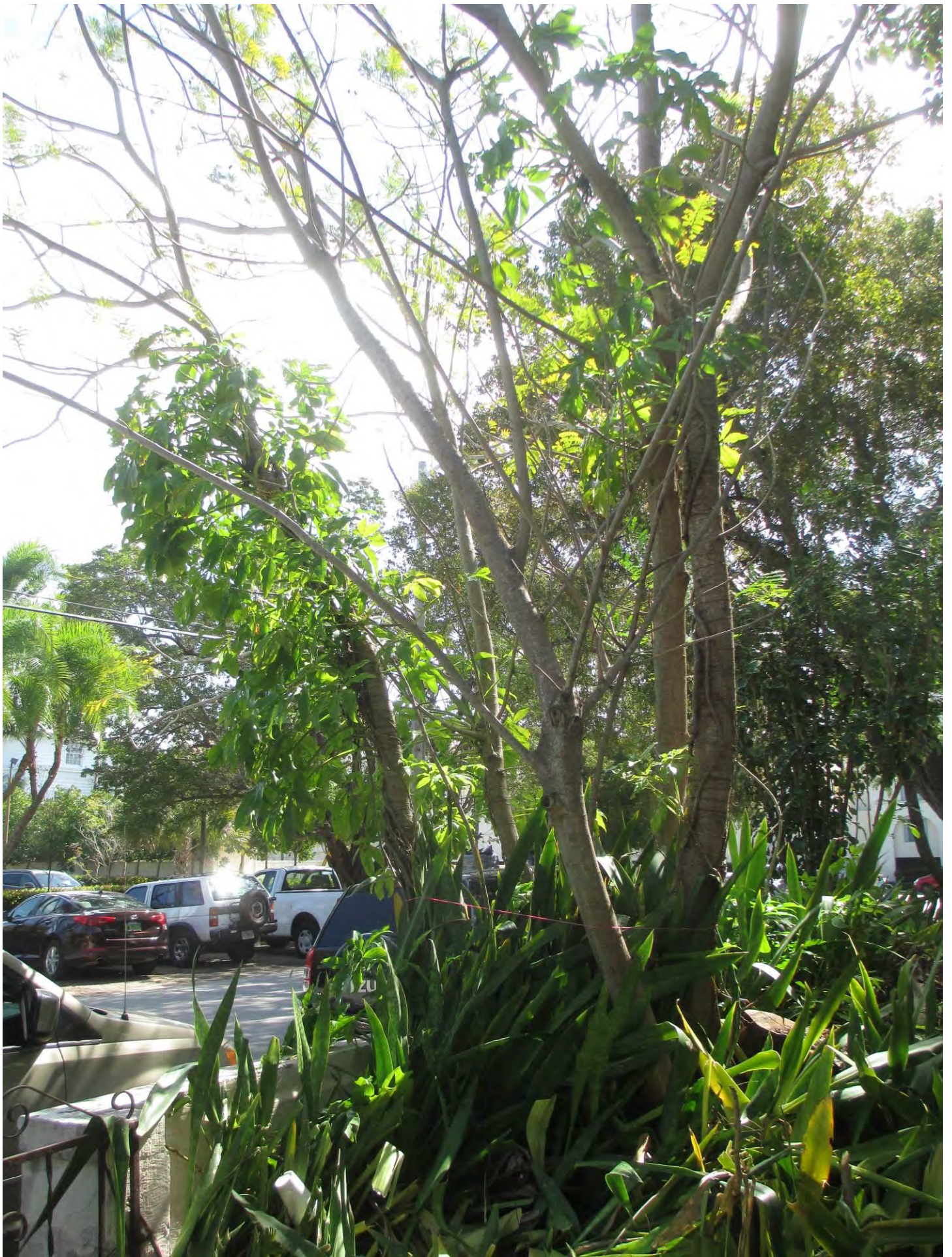
Total Average Value = 40%

Value x Diameter = 2.8 replacement caliper inches

Tree Species: Yellow Poinciana (*Peltophorum pterocarpum*)









Diameter: 26.7"

Location: 50% (impacting wall, growing in a vegetation trash pile)

Species: 50% (not on protected or not protected tree list)

Condition: 40% (poor, codominant multi trunked)

Total Average Value = 46%

Value x Diameter = 12.2 replacement caliper inches

Recommendation: Recommend approval of the removal of one (1) Strangler Fig and (2) Yellow Poinciana trees at 715 Seminole Avenue to be replaced with 24.8 caliper inches of dicot or fruit trees from approved list, FL#1, to be planted on site.

Application



7827

1-Strangler Fig + 2-Yellow Poinciana

Date:

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1500 Reynolds St.
Cross/Corner Street William's and Waddell
List Tree Name(s) and Quantity Strangler Fig
Species Type(s) check all that apply ☐ Palm ☐ Flowering ☐ Fruit ☒ Shade ☐ Unsure
Reason(s) for Application:

(715 Seminole Ave)

☒ REMOVE ☐ Tree Health ☐ Safety ☒ Other/Explain below
☐ TRANSPLANT ☐ New Location ☐ Same Property ☐ Other/Explain below
☐ HEAVY MAINTENANCE ☐ Branch Removal ☐ Crown Cleaning/Thinning ☐ Crown Reduction
Other/Explain Damage to building

Reason for Request

Property Owner Name Casa Maria Resort (Kasha Nowak)
Property Owner eMail Address Kasha.Nowak@waldorf-astoria.com
Property Owner Mailing Address 1500 Reynolds St.
Property Owner Mailing City Key West State FL Zip 33040
Property Owner Phone Number (305) 296-3535
Property Owner Signature K. Nowak

Representative Name Stephen Smith
Representative eMail Address Stephen.Smith@waldorf-astoria.com
Representative Mailing Address 1500 Reynolds St.
Representative Mailing City Key West State FL Zip 33040
Representative Phone Number (305) 906-0197

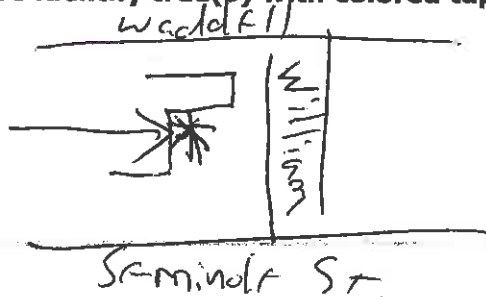
NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an Issued Tree Permit.

Tree Representation Authorization form attached ☐

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape

Growing on bldg
+ 11 ft
4' 7" circ



① 17.5" dbh

② 7" dbh

③ 26.7" dbh

If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



Tree Permit Application

Date: _____

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1500 Reynolds St
Cross/Corner Street Williams and Waddell
List Tree Name(s) and Quantity Yellow Poincannas
Species Type(s) check all that apply () Palm () Flowering () Fruit (X) Shade () Unsure
Reason(s) for Application:

() REMOVE () Tree Health () Safety (X) Other/Explain below
 () TRANSPLANT () New Location () Same Property () Other/Explain below
 () HEAVY MAINTENANCE () Branch Removal () Crown Cleaning/Thinning () Crown Reduction

Other/Explain damage to building

Reason for Request _____

Property Owner Name Casa Marina Resort + (Kasha Novak)
Property Owner eMail Address Kasha.Novak@waddell-astoria.com
Property Owner Mailing Address 1500 Reynolds St
Property Owner Mailing City Key West **State** FL **Zip** 33040
Property Owner Phone Number (305) 296 - 3535
Property Owner Signature K. Novak

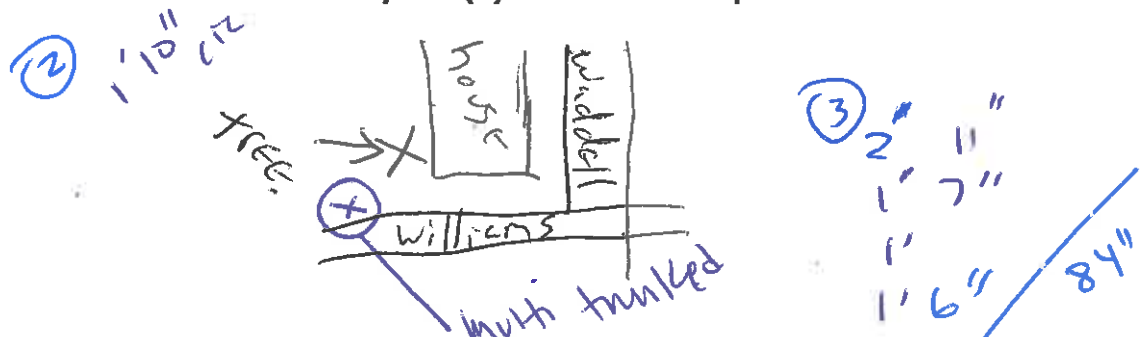
Representative Name Stephen Smith
Representative eMail Address Stephen.Smith@waddell-astoria.com
Representative Mailing Address 1500 Reynolds St
Representative Mailing City Key West **State** FL **Zip** 33040
Representative Phone Number (305) 906 - 0197

NOTE: A Tree Representation Authorization form must accompany this application if someone other than the owner will be representing the owner at a Tree Commission meeting or picking up an issued Tree Permit.

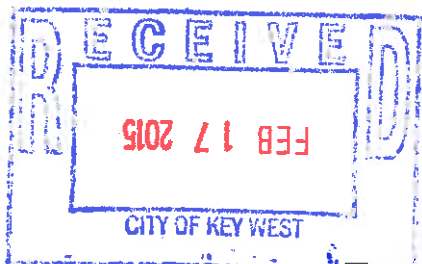
Tree Representation Authorization form attached ()

<<<<< Sketch location of tree in this area including cross/corner Street >>>>>

Please identify tree(s) with colored tape



If this process requires blocking of a City right-of-way, a separate ROW Permit is required. Please contact 305-809-3740.



Tree Representation Authorization

Date: 2/11/16

Attendance at the Tree Commission meeting on the date when your request will be discussed is necessary in order to expedite the resolution of your application. This Tree Representation Authorization form must accompany the application if the property owner is unable to attend or will have someone else pick up the Tree Permit once issued.

Please Clearly Print All Information unless indicated otherwise.

Tree Address 1500 Reynolds ST

Property Owner Name Kasha Nowak

Property Owner eMail Address Kasha.Nowak@waldorf-storia.com

Property Owner Mailing Address 1500 Reynolds ST

Property Owner Mailing City Key West FL State FL Zip 33040

Property Owner Phone Number (305) 296-3535

Property Owner Signature K. Nowak

Representative Name Stephen Smith

Representative eMail Address Stephen.Smith@waldorf-storia.com

Representative Mailing Address 1500 Reynolds ST

Representative Mailing City Key West State FL Zip 33040

Representative Phone Number (305) 900-0197

I Kasha Nowak, hereby authorize the above listed agent(s) to represent me in the matter of obtaining a Tree Permit from the City of Key West for my property at the tree address above listed. You may contact me at the telephone listed above if there are any questions or need access to my property.

Property Owner Signature

K. Nowak

The forgoing instrument was acknowledged before me on this 16 day February 2016.

By (Print name of Affiant) KASHA NOWAK who is personally known to me or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

Sign Name: Ellen Degnan Albert

Print Name: Ellen Degnan Albert

My Commission Expires: 10-2-18

Notary Public - State of Florida (seal)

